

Fill in this information to identify your case:		
Debtor 1	Kevin Russell Morrissey	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF PENNSYLVANIA, READING DIVISION</u>		
Case number <u>4:19-bk-15071</u> (if known)		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	AAA Anesthesia Associates Nonpriority Creditor's Name PO Box 639447 Cincinnati, OH 45263-9447 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4147</u> When was the debt incurred? <u>09/28/2018</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>

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<p>4.2</p> <p>Alicia Barlip Nonpriority Creditor's Name c/o Neil E. Durkin 352 5th St Ste A Whitehall, PA 18052-6518</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Civil Litigation</u></p>	<p>Last 4 digits of account number <u>4944</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>
<p>4.3</p> <p>Chase / Amazon Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	
<p>4.4</p> <p>Chase Bank USA NA Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	

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4.5	Chase Card Nonpriority Creditor's Name PO Box 15369 Wilmington, DE 19850-5369 Number Street City State Zip Code	Last 4 digits of account number <u>XXXX</u>	\$22,918.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			
<hr/>			
4.6	Chase Slate Nonpriority Creditor's Name PO Box 1423 Charlotte, NC 28201-1423 Number Street City State Zip Code	Last 4 digits of account number <u>3518</u>	\$1,699.39
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			
<hr/>			
4.7	GE Capital Retail Bank Nonpriority Creditor's Name 170 W Election Rd Ste 125 Draper, UT 84020-6425 Number Street City State Zip Code	Last 4 digits of account number <u>9823</u>	\$854.54
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			

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4.8	Health Network Laboratories Nonpriority Creditor's Name	Last 4 digits of account number	<u>2417</u>	\$4.00
	PO Box 789581 Philadelphia, PA 19178-9581 Number Street City State Zip Code	When was the debt incurred?	<u>09/28/2018</u>	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
4.9	Hellertown Dental Group, LLC Nonpriority Creditor's Name	Last 4 digits of account number	<u>0044</u>	\$1,075.00
	1213 Main St Hellertown, PA 18055-1320 Number Street City State Zip Code	When was the debt incurred?	<u>01/2019</u>	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Dental Bill			
4.10	Laboratory Corporation of America Nonpriority Creditor's Name	Last 4 digits of account number	<u>2883</u>	\$92.82
	PO Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

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4.11	Lehigh Valley Anesthesia Services, P.C. Nonpriority Creditor's Name		Last 4 digits of account number <u>8782</u>	\$45.43
PO Box 8500 Philadelphia, PA 19178-8500 Number Street City State Zip Code		When was the debt incurred? <u>09/28/2018</u>		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical Bill</u> <input type="checkbox"/> Yes				
Lehigh Valley Health Network Nonpriority Creditor's Name		Last 4 digits of account number <u>xxx</u>	\$361.59	
PO Box 781733 Philadelphia, PA 19178-1733 Number Street City State Zip Code		When was the debt incurred? <u>9/28/2018-11/2/2018</u>		
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Other. Specify <u>Medical Bill</u>				
Lehigh Valley Health Network Nonpriority Creditor's Name		Last 4 digits of account number <u>0938</u>	\$230.00	
PO Box 781733 Philadelphia, PA 19178-1733 Number Street City State Zip Code		When was the debt incurred? <u>03/17/2017</u>		
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Other. Specify <u>Medical Bill</u>				

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4.14

Lehigh Valley Health Network

Nonpriority Creditor's Name

Last 4 digits of account number

2804

\$20.00

When was the debt incurred?

03/28/2017

**PO Box 781733
Philadelphia, PA 19178-1733**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

4.15

Lehigh Valley Health Network

Nonpriority Creditor's Name

Last 4 digits of account number

0296

\$63.50

When was the debt incurred?

09/28/2018

**PO Box 781733
Philadelphia, PA 19178-1733**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

4.16

Lehigh Valley Health Network

Nonpriority Creditor's Name

Last 4 digits of account number

8813

\$19.22

When was the debt incurred?

11/02/2018

**PO Box 781733
Philadelphia, PA 19178-1733**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

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4.17

Lehigh Valley Physicians Group

Nonpriority Creditor's Name

Last 4 digits of account number

3626

\$13.37

When was the debt incurred?

09/14/2018

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
 - No
 - Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

4.18

Lehigh Valley Physicians Group

Nonpriority Creditor's Name

Last 4 digits of account number

8404

\$265.50

When was the debt incurred?

09/28/2018

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
 - No
 - Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

4.19

Michael L. Silverman, MD

Nonpriority Creditor's Name

Last 4 digits of account number

S208

\$119.30

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
 - No
 - Yes

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Bill

Debtor 1 Morrissey, Kevin Russell

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4.20

Physician Diagnostic Imaging

Nonpriority Creditor's Name

Last 4 digits of account number

8740

\$288.00

When was the debt incurred?

12/20/2017

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Bill

4.21

St Francis EKG

Nonpriority Creditor's Name

Last 4 digits of account number

1145

\$40.00

When was the debt incurred?

12/20/2017

Number Street City State Zip Code
**PO Box 9500
Philadelphia, PA 19124-0500**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Bill

4.22

St. Francis Hospital

Nonpriority Creditor's Name

Last 4 digits of account number

0208

\$1,451.71

When was the debt incurred?

Number Street City State Zip Code
**1355 Adams Rd
Bensalem, PA 19020-3912**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Bill

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4.23

TD Bank USA/TargetCredit

Nonpriority Creditor's Name

Last 4 digits of account number

2223

\$200.00

**PO Box 660170
Dallas, TX 75266-0170**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Credit line

4.24

Wells Fargo

Nonpriority Creditor's Name

Last 4 digits of account number

1793

\$6,403.88

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Credit Card

4.25

Wells Fargo Bank

Nonpriority Creditor's Name

Last 4 digits of account number

9478

\$9,592.93

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Personal Line of Credit

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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Alicia Barlip
202 Held St
Lehighton, PA 18235-2821

Line 4.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4944

Name and Address
Cavalry Portfolio Services
PO Box 520
Valhalla, NY 10595-0520

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9823

Name and Address
Client Services, Inc.
3451 Harry S Truman Blvd
Saint Charles, MO 63301-4047

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2701

Name and Address
Convergent Outsourcing, INC.
800 SW 39th St # 100
Renton, WA 98057-4975

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9823

Name and Address
Frost-Arnett Company
PO Box 198988
Nashville, TN 37219-8988

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4147

Name and Address
LA Collections
PO Box 2240
Burlington, NC 27216-2240

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2883

Name and Address
Nationwide Credit, Inc.
PO Box 26314
Lehigh Valley, PA 18002-6314

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2701

Name and Address
Northland Group, Inc.
PO Box 390846
Minneapolis, MN 55439-0846

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9823

Name and Address
Online Information Services, Inc.
PO Box 1489
Winterville, NC 28590-1489

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8740

Name and Address
Penn Credit Corporation
PO Box 69703
Harrisburg, PA 17106-9703

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0296

Name and Address
Penn Credit Corporation
PO Box 69703
Harrisburg, PA 17106-9703

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8813

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Morrissey, Kevin Russell

Case number (if known) 4:19-bk-15071

PennCredit
PO Box 69703
Harrisburg, PA 17106-9703

Line 4.17 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3626

Name and Address
PennCredit
PO Box 69703
Harrisburg, PA 17106-9703

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8404

Name and Address
Professional Claims Bureau Inc
PO Box 9060
Hicksville, NY 11802-9060

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0208

Name and Address
Radius Global Solutions LLC
PO Box 390846
Minneapolis, MN 55439-0846

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9823

Name and Address
St. Francis EKG
PO Box 9500
Philadelphia, PA 19124-0500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1145

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	\$ 0.00
	6b. Taxes and certain other debts you owe the government	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	\$ 0.00
Total claims from Part 2	6f. Student loans	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 73,660.79
	6j. Total Nonpriority. Add lines 6f through 6i.	\$ 73,660.79